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FM AMEMBASSY RANGOON
TO RUEHC/SECSTATE WASHDC PRIORITY 6228
INFO RUCNASE/ASEAN MEMBER COLLECTIVE
RUEHGG/UN SECURITY COUNCIL COLLECTIVE
RUEHBY/AMEMBASSY CANBERRA 0362
RUEHNE/AMEMBASSY NEW DELHI 3909
RUEHUL/AMEMBASSY SEOUL 7457
RUEHKO/AMEMBASSY TOKYO 5010
RHHMUNA/CDR USPACOM HONOLULU HI
RUEHGV/USMISSION GENEVA 3172
RHEHNSC/NSC WASHDC
RUCNDT/USMISSION USUN NEW YORK 0818
RUEKJCS/SECDEF WASHDC
RUEHBS/USEU BRUSSELS
RUEKJCS/JOINT STAFF WASHDC

UNCLAS RANGOON 000634

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STATE FOR EAP AND IO; PACOM FOR FPA

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SUBJECT: INSUFFICIENT FUNDING FOR BURMA'S MALARIA EPIDEMIC

¶1. (SBU) Summary: Despite a gradual decline in morbidity and mortality from malaria over the last 10 years, malaria continues to be one of Burma's greatest health problems. As the GOB has done little to provide the drugs and commodities needed to limit the spread of the disease, most of the burden to treat and prevent malaria in Burma falls on international organizations, such as WHO, JICA, UNICEF and the 3D Fund. External funding for malaria prevention and treatment will likely fall short in 2007 by an estimated USD 3.2 million. The budget gap is expected to increase in coming years. End Summary.

¶2. (U) Malaria continues to be one of the leading causes of morbidity and mortality in Burma. WHO figures in 2005 place the morbidity rate at 9.14/1000 population and the mortality rate at 3.08/100,000 population. Though statistics demonstrate an overall decline in malaria since 1992, more than 38 million or 70 percent of Burma's population continues to live in at-risk areas. WHO reports that Burma contributed 8 percent of total malaria cases in the South East Asia region, while contributing 58 percent of total malaria deaths.

¶3. (SBU) Of the 178.5 million kyats (USD 150,000) the GOB allotted for their malaria program in 2006-2007, 170 million kyat or 95 percent went to salaries and operational costs. This left only 8.5 million kyat (USD 7,000) or 5 percent for drugs and commodities to treat malaria patients. External funding for malaria from UNICEF, JICA, WHO and 3D Fund reaches approximately USD 6.6 million for 2007, according to WHO unofficial estimates. Of this an estimated USD 4.4 million will fund drugs and commodities. This figure will fall short of the estimated USD 7.6 million needed to pay for drugs and commodities in 2007, leaving a budget gap of about USD 3.2 million. Unofficial WHO estimates have the budget gap increasing to USD 4-5 million in 2008-2009.

¶4. (SBU) Border populations remain at highest risk, especially those who engage in economic pursuits such as upland subsistence farming, forestry, logging, bamboo cutting, and rubber-tapping. Capacity to reach these populations with services and information remains limited. WHO hopes to have a situational analysis of the Thai-Burma border complete by the end of the year.

¶5. (U) WHO says that additional investments for malaria control in

Burma would help alleviate the shortage of anti-malaria drugs and commodities. Long Lasting Insecticidal Nets (LLIN), Insecticide kits to treat the nets, and Rapid Test Kits (RTK) are in short supply. Treated nets have proven to be an effective preventative measure. Early diagnosis and treatment would also help reduce the spread of the disease.

¶6. (SBU) Comment: The GOB's woeful under-funding for anti-malarial drugs and commodities indicates their continued unwillingness to confront and effectively combat the disease. The shortfalls caused by the loss of Global Fund monies only increased pressure on other external donors, rather than spark a government response. A well-informed government source told us the Health Minister, who has been cooperative with the UN and the INGOs, lacks the stature and courage to argue the case for greater healthcare funding to the senior generals. Thus, the critical healthcare needs of Burma's people remain a low priority while the bridges and dams the generals see as hallmarks of development get built. End Comment.
VILLAROSA